10 ELECTION CYCLE

Judicial Candidate

Delbert Hosemann

REPORT OF RECEIPTS AND DISBURSEMENTS 2010 Judicial Election FIECTIONS DIVISION
Name of Candidate Must be to Zeach to Michael Cant Judge - SECRETARY OF STATE
Address Boy 644 Clinton Ms 39060-Obycounty Country DATESTAMP
Telephone Work (as) 313 5001 Home Fax (as) 312 -940 8
Contact Name Dick Withers Email Address DWithers & Withers Out Con
Office Sought Cuant Judge 7th Dist 3rd district 4
Check here if above is different from previous report
May 10, 2010 Periodic Report (January 1, 2010, through April 30, 2010)
June 10, 2010 Periodic Report (May 1, 2010, through May 31, 2010)
July 9, 2010 Periodic Report (June 1, 2010, through June 30, 2010)
October 10, 2009 Periodic Report (July 1, 2010, through September 30, 2010)
October 26, 2010 Pre-Election Report (October 1, 2010, through October 23, 2010)
November 16, 2010 Pre-Runoff Report (October 24, 2010, through November 13, 2010)Runoff Candidates
January 10, 2011 Periodic Report (October 1, 2010, through December 31, 2010)
(1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate
shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
(3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized + Non-itemized =	This Period	Year-To-Date
Total amount of contributions	\$ 50000 +\$ 60000	\$ 110000	\$ 10,35000
Total amount of disbursements	\$ 22500 +\$ -	\$ 22500	\$ 3097 07
Total amount of cash on hand		\$ 7,25293	

have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Signature of Candidate

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1. Candidates for Statewide, State district, mutli-county and all legislative offices should return form to Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.

2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Political Committee REPORT OF RECEIPTS AND DISBURSEMENT 2010 Judicial Election Telephone DATE STAMP Email DWITTERS D Withers Llan Treasurer Check here if above is different from previous report TYPE OF REPORT October 10, 2009 Periodic Report (July 1, 2010, through September 30, 2010).......Mandatory November 16, 2010 Pre-Runoff Report (October 24, 2010, through November 13, 2010)........Runoff Candidates

IMPORTANT

Termination Report (Candidate will no longer accept contributions or make campaign Required to terminate reporting

(1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.

expenditures and has no outstanding campaign debt obligation)

- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized + Non-itemized =	This Period		Calendar Year-To-Date	
Total amount of contributions \$	50000 +\$ 60000	\$ 110000	\$	10,3500	
Total amount of disbursements	22500+8	\$ 22500	\$	309701	
Total amount of cash on hand		\$ 7,252,93			
and the control of th	Christian		-22		

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Signature of Director or Treasurer

7/9/10 Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1. Candidates for Statewide, State district, mutli-county and all legislative offices should return form to Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.

2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

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Reporting period Tune 1, 2010 through Aut 30 2010

ITEMIZED RECEIPTS

A. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	receipt this period
Full pame Millin for Sherist	6,30,10	\$ 50000
Mailing Address	11	\$
City, State, Zip Code		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$ 50000
B. Source: Gorporation D PAC D Individual D Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name		s
Mailing Address	_'_'_	\$
City, State, Zip Code		\$
Name of Employer (Required)	_'_'_	\$
Occupation (Required)	Aggregate year-to-date	\$
C. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name		\$
Mailing Address	_'_'_	\$
City, State, Zip Code		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$
D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name		\$
Mailing Address		\$
City, State, Zip Code		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$

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Name of Candidate of	r Committee	William A.	BILL	100AN	
Reporting period	June 1,2	olo		Yune 30 2010	

ITEMIZED DISBURSEMENTS

A. Full name Lung BusiNess ASSN	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address Page 232	6128110	\$ 22500
City, State, Zip Code 19884 Ws 39170	11	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 22500
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		S
City, State, Zip Code	_/_/_	S
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		\$
City, State, Zip Code	1_1_	S
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		S
City, State, Zip Code		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		\$
City, State, Zip Code	_/_/_	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		\$
City, State, Zip Code		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$